415000054354

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

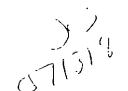


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2016 JUL -9 AM 7: Ou SEUMLIANT OF : 161: TALLANASSEE THOSHE

FILED



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cratrucking Services LLC.
(Name of Kimited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Tand DRIVINA (Contact Person)
Ciratructing Services LLC.
76 Farrington Drim.
Deltara FL 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
Tanab Rivura at (407) 463-3157 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy
etheet/coubled annuess. Mail inc andress.

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

_	mited liability company as		_	orida Departn	nent
of State is:	ra Trucking S	services L	LC		<u>_</u> .
2. The Florida docur	nent/registration number a	ssigned to this limite	d liability con	ipany is:	
L150000)5435 <u>4</u>				
3. The date this men	nber/manager withdrew/res	signed or will withdra	aw/resign is: _	7-2-201	8
4.1. Janets	RIURA. me of Person Resigning)	, hereby withdr			
Manager	rint Title)				
of this limited liab resignation in writ	ility company and affirm thing.	ne limited liability co	mpany has be	:-1 6.5	my
Lew D	Riuna			DIB JUL -	<u>T</u>
Signature of Dis	sociating Member or Resig	gning Manager		-9 AH SSEE. F	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			1 7: 00 LORIDA	\Box